

10/576373 000.0000

AP20 Rec'd PCT/PTO 18 APR 2006

Application Data Sheet**Application Information**

Application number::
Filing Date::
Application Type:: *Regular*
Subject Matter:: *Utility*
Suggested classification::
Suggested Group Art
Unit::
CD-ROM or CD-R?:: *None*
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: *None*
Computer Readable Form
(CRF)?:: *No*
Number of copies of CRF::
Title :: *SEAT STRUCTURE*
Attorney Docket Number::
Request for Early
Publication?:: *No*
Request for Non-
Publication?:: *No*
Suggested Drawing
Figure::
Total Drawing Sheets:: *10*
Small Entity?:: *No*
Latin name::
Variety denomination
name::
Petition included?:: *No*
Petition Type::
Licensed US Govt.
Agency::
Contract or Grant
Numbers::
Secrecy Order in Parent
Appl.?:: *No*

Applicant Information

Applicant Authority Type::	<i>Inventor</i>
Primary Citizenship Country::	<i>Japan</i>
Status::	<i>Full Capacity</i>
Given Name::	<i>Etsunori</i>
Middle Name::	
Family Name::	<i>Fujita</i>
Name Suffix::	
City of Residence::	<i>Akiku, Hiroshima-shi</i>
State or Province of Residence::	
Country of Residence::	<i>Japan</i>
Street of mailing address::	<i>c/o Delta Tooling Co., Ltd. 1-2-10, Yanoshinmachi</i>
City of mailing address::	<i>Akiku, Hiroshima-shi</i>
State or Province of mailing address::	<i>Hiroshima</i>
Country of mailing address::	<i>Japan</i>
Postal or Zip Code of mailing address::	<i>736-0084</i>

NOTE: Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

Applicant Information

Applicant Authority Type::	<i>Inventor</i>
Primary Citizenship Country::	<i>Japan</i>
Status::	<i>Full Capacity</i>
Given Name::	<i>Atsuki</i>
Middle Name::	
Family Name::	<i>Sasaki</i>
Name Suffix::	
City of Residence::	<i>Kariya-shi</i>
State or Province of Residence::	
Country of Residence::	<i>Japan</i>
Street of mailing address::	<i>c/o Toyota Boshoku Corporation, 1, Toyoda-cho 1-chome</i>
City of mailing address::	<i>Kariya-shi</i>
State or Province of mailing address::	<i>Aichi</i>
Country of mailing address::	<i>Japan</i>
Postal or Zip Code of mailing address::	<i>448-8651</i>

Applicant Information

Applicant Authority Type::	<i>Inventor</i>
Primary Citizenship Country::	<i>Japan</i>
Status::	<i>Full Capacity</i>
Given Name::	<i>Takeshi</i>
Middle Name::	
Family Name::	<i>Nishiura</i>
Name Suffix::	
City of Residence::	<i>Kariya-shi</i>
State or Province of Residence::	
Country of Residence::	<i>Japan</i>
Street of mailing address::	<i>c/o Toyota Boshoku Corporation, 1, Toyoda-cho 1-chome</i>
City of mailing address::	<i>Kariya-shi</i>
State or Province of mailing address::	<i>Aichi</i>
Country of mailing address::	<i>Japan</i>
Postal or Zip Code of mailing address::	<i>448-8651</i>

Correspondence Information

Correspondence Customer 054042
Number ::

Name::

Street of mailing address::

City of mailing address::

**State or Province of
mailing address::**

**Country of mailing
address::**

**Postal or Zip Code of
mailing address::**

Phone number:: (212) 986-1116

Fax Number: (212) 986-0604

E-Mail address:: pto@wolfblock.com

Representative Information

Representative Customer Number::	054042	
---	--------	--

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This Application</i>	<i>National Stage of</i>	<i>PCT/JP04/15964</i>	<i>10/21/04</i>

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
<i>Japan</i>	<i>2003-361186</i>	<i>10/21/03</i>	<i>Yes</i>

Assignee Information

Assignee name:: *Delta Tooling Co., Ltd.*
Street of mailing address:: *1-2-10, Yanoshinmachi*
City of mailing address:: *Akiku, Hiroshima-shi*
State or Province of mailing address:: *Hiroshima*
Country of mailing address:: *Japan*
Postal or Zip Code of mailing address:: *736-0084*

Assignee Information

Assignee name:: *Toyota Boshoku Corporation*
Street of mailing address:: *1, Toyoda-cho 1-chome*
City of mailing address:: *Kariya-shi*
State or Province of mailing address:: *Aichi*
Country of mailing address:: *Japan*
Postal or Zip Code of mailing address:: *448-8651*